

CMHC Data Submission Guide

Fiscal Year 2004



Research and Data Management Center
Kentucky Department for Mental Health and Mental Retardation Services



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DATA SYSTEM OVERVIEW

Data is collected from the CMHCs in four distinct data sets; client, event, organizational, and human resources. The data sets are inter-related and each one is required to attain a complete picture of the service delivery system.

Client Data

The client data set consists of 74 72 fields which provide basic demographics along with a clinical snapshot of the client, including diagnoses and substance use information. This data is to be submitted on all clients of the center. A client is defined to be a person for whom a treatment plan has been established. In addition, basic information is also required on contacts of the center who do not yet have a treatment plan, especially if the center has provided billable services. These persons are termed "Client Type 2" and are so designated in Field 6 - Client Status Code.

This data is to be submitted electronically on a monthly basis.

Event Data

The event data set includes information on individualized services provided by the center. All such services are required to be submitted, except service information on those clients who pay solely using private funds. Each event must have a corresponding client record in the client data set.

This data is to be submitted electronically on a monthly basis.

Organizational

The organizational data set provides information on service delivery sites, including contact information and types of services provided. This data is needed for linkage from both the client and event data sets.

This data may be submitted over the internet or on forms provided in this document. Data need only be submitted when information about a service site changes, or when a new service site is added.

Human Resources

The human resources data provides information on who is providing clinical services at the center. This data links directly to the event data set field FA0-23 - Rendering Professional ID.

This data is to be submitted electronically on an "as needed" basis.

POLICY ON ANNUAL CHANGES

Changes to this Data Submission Guide will only be made annually effective July 1 of each year. Changes must be submitted for review to the Joint Committee for Information Continuity (JCIC) no later than the preceding November JCIC meeting. JCIC will approve or deny the request no later than the January JCIC meeting. Changes approved by JCIC effective for the upcoming Fiscal Year (beginning July 1st) by the January meeting will be incorporated in the Plan & Budget Letter and into a Data Set Guide Transmittal Letter and released to Centers no later than the end of February of each year. New fields will ~~not be edited~~ be edited, but not counted for accuracy or completeness during the first Fiscal Year of collection.

STANDARDS FOR INFORMATION QUALITY

~~AUGUST 1996~~

PURPOSE: The purpose of the KDMHMRS Standards for Information Quality is to insure that timely, accurate and complete data is available for monitoring and improving the quality of services supported or provided by KDMHMRS.

TIMELINESS STANDARD:

Standard: Data shall be submitted to KDMHMRS in a timely manner. Data submissions received on or before the deadline will be in compliance.

Definition: Event and client data sets shall be provided electronically to KDMHMRS by the end of the following month. ~~Required resubmission shall be submitted to KDMHMRS within 30 calendar days following notice by KDMHMRS of the need for resolution.~~

~~Client Data: Resubmission will be required only at the end of the fiscal year for correction of any outstanding fatal errors.~~

~~Event Data: Resubmission will be required on a monthly basis for any fatal errors which are returned to the submitter.~~

Process: Electronic and manual review of all data submissions shall be performed by KDMHMRS staff.

Examples:

1. The Client Data Set submission for May is received by KDMHMRS on June 30th ; the timeliness standard is met. If data is received on July 1st, the standard is not met.
2. ~~Quality reports for May event data indicate that one or more records are in need of error resolution. KDMHMRS provides notification of the need for resolution on June 22. If resolution is provided to KDMHMRS along with the regular June event data submission on July 15th, then the standard is met. If resolution is submitted on July 23rd, then the standard is not met.~~

ACCURACY STANDARD

- Standard:** Data that is submitted to KDMHMRS shall be both technically and logically valid and shall provide accurate and meaningful information. To be in compliance, a submission must have less than 5% total errors. In addition, it is expected that all fatal errors be eventually corrected.
- Definition:** Accurate data shall be both externally and internally valid. External validity is achieved when the format and content of all data elements submitted to KDMHMRS complies with the technical standards described in documents published by KDMHMRS. Internal validity is achieved when data is logically consistent with other data submitted by the same or related agencies and with other documentation sources (e.g. medical record) relating to the submitted data.
- Process:** Electronic and manual review of all data submissions shall be performed by KDMHMRS staff. Additionally, KDMHMRS Onsite Monitoring Staff shall perform periodic on-site audits to compare electronic records to paper records to complete verification of accuracy using the following criteria for frequency, size and element selection for onsite review:.
- Examples:**
1. A target population code of pregnancy is an *externally* valid code. However, this code would not be *internally* valid and would, therefore, be considered inaccurate if other data indicate the patient is male.
 2. An admission date that is earlier than the client's date of birth is invalid.

COMPLETENESS STANDARD

- Standard:** Data that is submitted to KDMHMRS shall contain no blanks in "required" data fields, and shall contain minimal codes indicating that information is unknown or was not collected. The Completeness Standard for a field is violated if more than 5% of the accepted records contain Unknown/Not Collected values or blanks in that field. **If one or more fields fail the Completeness Standard, then the entire submission fails the Completeness Test.**
- Definition:** When required data fields are applicable, the fields shall not be blank nor contain codes indicating that information was not collected or is unknown. A blank field or a field containing a code of "not collected" or "unknown" is generally neither usable nor meaningful. Note: Only one field failing the Completeness Standard will cause the entire submission to fail the Completeness Test.
- Process:** Electronic and manual review of all data submissions shall be performed by KDMHMRS staff. Additionally, KDMHMRS Onsite Monitoring staff shall perform periodic on-site audits to compare electronic records to paper records to complete verification of completeness.
- Examples:**
1. An incomplete field exists if the field for client sex is blank or contains an '8' (Unknown/Not Collected). If 400 Client Data Set records are submitted, then 20 records or more with the field "Client Sex" blank or containing an '8' would cause the field to fail the Completeness Standard.
 2. A blank "due date" field would *not* be defined as incomplete for a record in which the client is not indicated to be a pregnant woman.
 3. An incomplete field exists if the field Marital Status contains a value of "8" indicating "not collected."
 4. An incomplete field exists if the field Family Size contains a value of "98" indicating "Unknown/Not Collected."

THE DATA SUBMISSION PROCESS

Transmission Protocol

In order to maintain an efficient system for processing data, the department will accept submissions only via Internet. This will enhance the communication process between the Department and the Centers by allowing automated processing, verification, and reporting to occur.

Submitting Data

The Department maintains a password protected internet site. The naming convention for data files is as follows: <region number><month><year><file type>.DAT. **NOTE: <year> is calendar year, not fiscal year.** Each section is two digits with leading zeros where appropriate. The valid file types are:

- CC (Client Corrections)
- CS (Client Submission)
- CR (Client Resubmission)
- CX (Client Submission of records to be Deleted) (new 2003)
- EC (Event Corrections)
- EH/N (Event Submission in HIPAA format) (new 2003)
- EP (Event Resubmission in HIPAA format) (new 2003)
- ES (Event Submission)
- ER (Event Resubmission)
- ~~OR (Organizational)~~ deleted FY2003
- HC (Human Resources Corrections)
- HS (Human Resources Submission)
- HR (Human Resources Resubmission)

For example, the October 2003 client data submission from Region 1 would be **011003CS.DAT**.

Transmission Procedure - Internet

To access the system, you must have activated your account by contacting your CMHC liaison at (859) 260-1960. Then, open your web browser and go to the address

http://dmhmrs.chr.state.ky.us/CMHC/cmhc_upload.asp

http://mhmr.chs.ky.gov/CMHC/cmhc_upload.asp. When prompted, you will need to enter your user name and password. Please keep these in a secure place, and do not share them with others in your organization. If you ever fear a breach of security, please ~~let us know so we can assign a new password.~~ change your password as soon as possible.

The interface should be easy to understand. Here are a few instructions which should be of help.

Uploading files: To upload a file, hit the browse button at the bottom of the page and find the file you wish to send. After doing this, press the upload button. If everything worked, the file will show up in the file listing. If you wish to rename the file as you send it, you can enter the new name into the "Remote Filename" box before you hit the upload button.

Downloading files: All reports for downloading will reside in the reports directory. You can move to this directory by clicking "Go to folder" next to the directory in the file listing. To download a file, simply click on it and your browser should take care of the rest. If this does not produce the desired result, try right-clicking on the file and choose "Save target as..". We will be providing reports in Adobe Acrobat format unless you specifically request otherwise.

Navigating folders: To change to a different folder, simply click on the "Go to folder" link next to the folder. To go back to a previous folder, click on the folder marked "..".

A note about security: By using the web interface, you accept the risk incurred when transferring data over the internet. You agree to not hold the University of Kentucky Research and Data Management Center or the Kentucky Department for Mental Health and Mental Retardation Services responsible for any such unlawful interception of data by an outside entity.

Resubmitting Data

Client Data Set

Beginning with the July, 2002 data (start of fiscal year 2003), the Client Data Set will retain each month's data rather than replace the entire data set. This means that if you wish to replace an entire month's submission, you need to re-send all the records as resubmission or correction (**011003CR.DAT** or **011003CC.DAT**). These different suffixes (CR or CC) help UKRDMC keep the transmissions separate for recovery purposes. **To replace just one or a few records, send just the replacement records (instead of the entire file) using the same naming convention and "CC.DAT".** To **DELETE** a Client record that was submitted in error, submit the record in a file with the suffix of **CX** for the appropriate month/year (**010203CX.DAT**). The system will find the matching Client record and remove it from the data set.

Event Data Set

~~Event records with fatal errors will be rejected to a correction file for resubmission which will be available for downloading upon receipt of the exception report. The naming convention for this file is the same as the submitted file, except the last two characters will be EC. For example, the February 2003 correction file from Region 1 would be **010203EC.DAT**.~~

Human Resources Data Set

HR records with fatal errors will be rejected and not loaded to the data set.

Organizational Data

Paper forms for Organizational data should be mailed to:

Research and Data Management Center
2351 Huguenard Drive
Suite 100
Lexington, KY 40503
Attn: CMHC Liaison

Or: Faxed to (859) 260-1682

Or: submitted on the Web Site Input form

KDMHMRS Responsibilities

Upon receipt of a data submission, the edit process will be initiated to produce the data quality reports and correction files. The reports will be reviewed by the liaison for that region and mailed sent to the center with a note summarizing the report. The appropriate KDMHMRS personnel will be notified on a regular basis of the results of all submissions. ~~Any correction files that exist would be available for downloading at this time.~~ In order to allow the centers adequate time to resolve issues related to data submissions, KDMHMRS shall maintain internal standards for timely notification to the center liaison. The Department will provide the center liaison with quality reports and any correction files within 10 working days following receipt of a file.

Procedure for Changing Client Identifiers

There are occasions when a client identifier may change. For example, when the client first comes in for treatment, a SSN is not available and a pseudo-number is generated. Later, the true SSN is discovered and the ID changes.

In this instance, any events that were submitted under the original ID are at risk for being disregarded by the system because there will no longer be a corresponding record in the client data set. In order to count the previous events, RDMC must receive notice of the change in SSN.

There are two methods of doing this:

1. FAX a listing of the clients that have changed Ids. Include a column for "Original ID" and a column for "New ID". The RDMC FAX number is (859) 260-1682.
2. Submit an electronic file that has the crosswalk that includes original ID and new ID. This file can be in text format or in an Excel file.

NOTE: As this issue does not involve an overwhelming number of clients, this procedure is optional and completely at the discretion of the individual center. If a center chooses not to do this, they are accepting the fact that some services may not be captured in various reports.

Fatal, General, and Possible Error Definitions

Fatal error: A fatal error occurs when an invalid value is reported in a required field. This record will be rejected from the submission and the Center must correct and resubmit it. This record/error is not counted towards the completeness standard because the record has been rejected and is not in the Client table.

Example: The record contains an invalid Client ID. The record is rejected.

General error: A general error occurs when an invalid value is reported in a non-required field. An error is recorded and displayed on the Audit report, the field is changed to the default value (normally the Unknown/Not Collected code), and the record is accepted into the data set.

Example: A '7' is submitted in the Client Sex field. The '7' is changed to an '8' (Unknown/Not collected), and the record is added to the Client table. This is counted against the ~~Completeness~~ Accuracy standard for the Client Sex field.

Possible error: A possible error occurs when a field's value conflicts with the value in a related field or when a field's value falls outside the normally-accepted range. The error is displayed in the Audit report, but no change is made to the record. The record is accepted into the data set.

Example: The Pregnant Woman field contains a '1' (Yes) but the Client Sex field contains a '1' (Male).

Example: The Client Date of Birth field is over 100 years ago.